Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005079	A. BUILDING: _____ B. WING _____	C 08/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOS	2401 UNIVERSITY AVE MUNCIE, IN 47303

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for investigation of one hospital licensure complaint. Complaint Number: IN00130342: Substantiated with no deficiencies cited. Date: 8/22/13 Facility Number: 005079 Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor Indiana University Health Ball Memorial Hospital is in compliance with 410 IAC 15-1.6.2, Emergency Services, Indiana Hospital Licensure Rules. QA: claughlin 08/27/13	S 000		